

Entered -6-15-99 - sb
CL 99L0369 - GWENDOLYN BURNS

CLAIM OF:

ALMA T. HICKS
634 Cativo Drive, SW
Atlanta, Georgia 30311

For damages alleged to have been sustained when a vehicle drove
over an exposed hole on May 3, 1999 at Pine Street & Luckie
Street.

THIS ADVERSED REPORT IS
APPROVED

BY:



ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0369

Date: December 27, 2000

Claimant /Victim ALMA T. HICKS
BY: (Atty) (Ins. Co.) _____
Address: 634 Cativo Drive, SW, Atlanta, Georgia 30311
Subrogation: _____ Claim for Property damage \$ 916.00 Bodily Injury \$ _____
Date of Notice: 5/27/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 5/3/99 Place: Pine Street & Luckie Street
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove through a large hole in the roadway that was under construction and left in an unsafe condition. An investigation determined that an outside contractor performed the work at the incident location. The Claimant has been advised that her claim has been forwarded to the contractor for resolution.

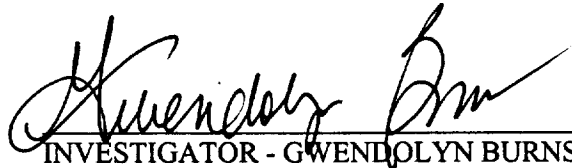
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 12-27-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 5/23/99

ENTERED - 6-15-99 - SB
99L0369 - MIKE REEVES

05-27-99P05:29 RCVD

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 916.00 property and/or \$ open bodily injury for which I contend the City is liable.

1. Date of incident: 05 03 99 (month/day/year) 2. Time of Incident: 4:10 AM 3. Police called: Yes ☒ No
4. Location of incident (including street address): PINE ST. APPROX 150 FT EAST OFF LUCKIE ST.
5. Name of your insurance company: STATE FARM INS. CO. Policy No. 684-4842-A21-11A
6. State what and how incident occurred: IN ROUTE TO WORK, DID NOT SEE HOLE (VERY LARGE HOLE) THAT WAS LEFT UNCOVERED WITH NO WARNING SIGNS, OR INDICATORS OF DANGER.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: CHEVROLET 1977 73661 QF ALMA T. HICKS
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Alma T. Hicks
Signature of Claimant

ALMA T. HICKS
(Print Claimant's Name)
634 Cativo DR. SW
(Address)

ATLANTA GA 30311
(City, State and Zip Code)

404 696-3518
(Work Number) (Home Number)

5/23/99

The car is now being repaired by Boomershine-Pontiac-GMC at 2150 Cokt Pkwy, because Meineke was unable to make body repairs. I was advised by Boomershine that the estimate is open-ended and ^{could} ultimately be more because other damages could be uncovered while repairs are being made.

Please consider, too, the scar on my neck due to the injury caused by my seat belt. I will leave to your discretion your liability.

I thank you,
Sincerely,

Alma T. Hicks

01-R-0046